

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service 01/05/02.
 - b. The request was received on 03/29/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFAs
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The provider's initial request for medical dispute was date stamped received 03/29/02. The MR-100 letter notifying the insurance carrier that the Medical Review Division was in receipt of the initial request was submitted to the carrier on 05/10/02. TWCC requested additional information from the provider on 05/31/02, but the commission case file does not contain any additional information from the provider. A TWCC computer activity log screen number 8 of 8 dated 06/28/02 states, "ADDITIONAL DOCUMENTATION NOT REC'D FROM THE REQUESTOR. ADDITIONAL DOCUMENTATION NOT REC'D FROM THE CARRIER'S REP. FILE IS FORWARDED TO WACO FOR REVIEW." The commission case file does not include a carrier signature sheet indicating the carrier received additional information from the provider. The carrier's response dated 05/16/02 is considered timely and will be reviewed.

III. PARTIES' POSITIONS

1. Requestor: No position statement (Statement on the Table of Disputed Services)
“The MRI’S performed were extended procedures and modified with –22 per TWCC Fee Guidelines [sic] these are to be reimbursed at \$924.00. Therefore, we are requesting additional \$202.00 [sic]”
2. Respondent: No position statement

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 01/05/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer. Per the provider’s TWCC-60, the amount billed is \$1,990.00; the amount paid is \$1,646.00; the amount in dispute is \$202.00.
3. The carrier denied the billed services by codes, “ZFK – THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE. (Z560)” and “Z91 – (F) WHOLE PROCEDURE. (Z342)”.
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
01/05/01	73720-WP-22 73721-WP-22	\$995.00 \$995.00	\$823.00 \$823.00	ZFK Z91 – F for each CPT codes	WP= \$924.00 for each CPT codes	MFG Radiology/Nuclear Medicine Ground Rules (II) (C) (3); -22 modifier; WP modifier; CPT descriptor	MFG R/NM GR (II) (C) (3) states, “ <u>Magnetic Resonance Imaging</u> : This procedure shall be billed according to the following three categories:...3. Extended (E) which is 25 or more slices (modifier ‘-22’ is required).” Modifier “-22” is defined as “ Magnetic Resonance Imaging : Modifier used with an extended MRI which is 25 or more slices.” “-WP” is the modifier for “ Whole Procedure : The listed value of certain procedures...is a combination of a professional combination and a technical component. When both the professional and technical components are performed by a single provider, add the modifier ‘-WP’ to the procedure code.” The provider met the criteria of the MFG, the description of the listed modifiers, and the CPT descriptors. The whole procedure reimbursement is \$924.00 per each procedure in dispute, therefore, reimbursement in the amount of \$202.00 is recommended. (PC \$168.00 + TC \$756.00 = \$924.00 x 2 procedures = \$1,848.00 - \$1,646.00 = \$202.00)
Totals		\$1,990.00	\$1,646.00				The Requestor is entitled to reimbursement in the amount of \$202.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$202.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 17th day of October 2002.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm